

# DPHHS

## Quality Assurance Division

### Certification Bureau



*Healthy People. Healthy Communities.*

**Department of Public Health & Human Services**

# ALONG THE ROAD TO QUALITY



# Certification Bureau Staff

- **3 Administrative Staff**
- **1 Bureau Chief**
- **1 Life Safety Code Surveyor Supervisor**
- **2 Health Surveyor Supervisors**



# Certification Bureau Staff

- **25 Surveyor positions**
  - 1 CLIA surveyor Clinical Laboratory Scientist
  - 10 Nurses
  - 1 Dietician
  - 1 Nursing Home Administrator
  - 3 Social Workers
  - 1 Sanitarian
  - 1 QMRP
  - 1 Generalist surveyor
  - 1 Life Safety Code surveyor
  - 5 vacancies



...and here we are!



# **CERTIFICATION BUREAU CORE VALUES**

- ❖ **Personal Accountability/  
Individual Responsibility**
- ❖ **Integrity/ Ethics in the  
Workplace**
- ❖ **Continuous Improvement**

# Our Plan for This Afternoon

- **News from CMS**
  - **New Hospital Protocols**
    - Infection Control
    - Discharge Planning
    - QAPI
- **Hospice Refresher**
- **Life Safety Code Update**
- **Your Questions/Our Answers**





# Latest S&Cs



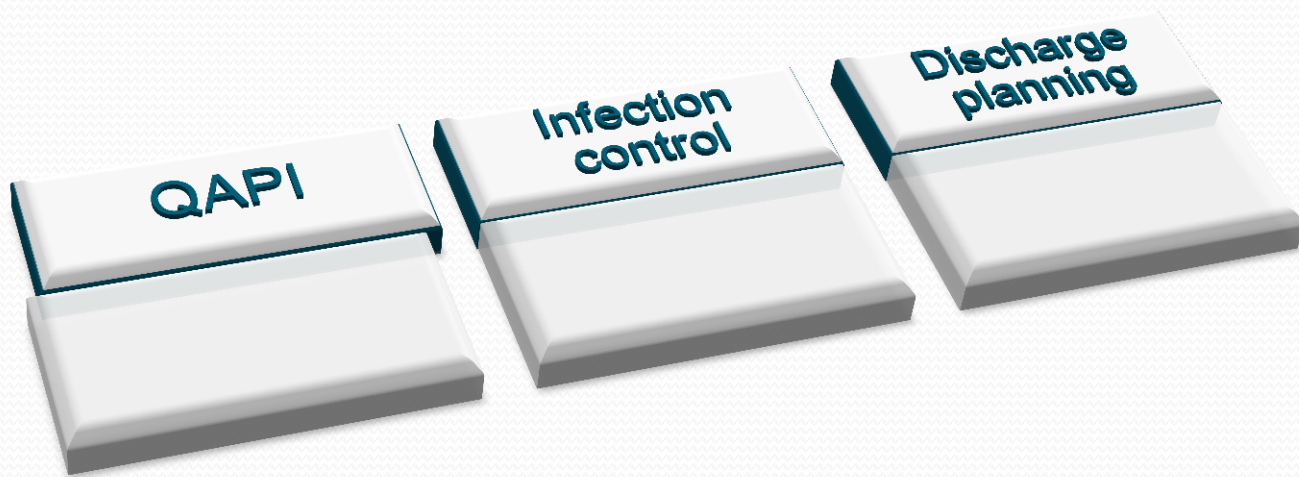
- <https://www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp>
- Sort by date
- Search by key word
- Also available as a link on our website (with other useful information)
- Recent S&Cs
  - Medication Administration
  - Hospital/CAH Database Worksheet

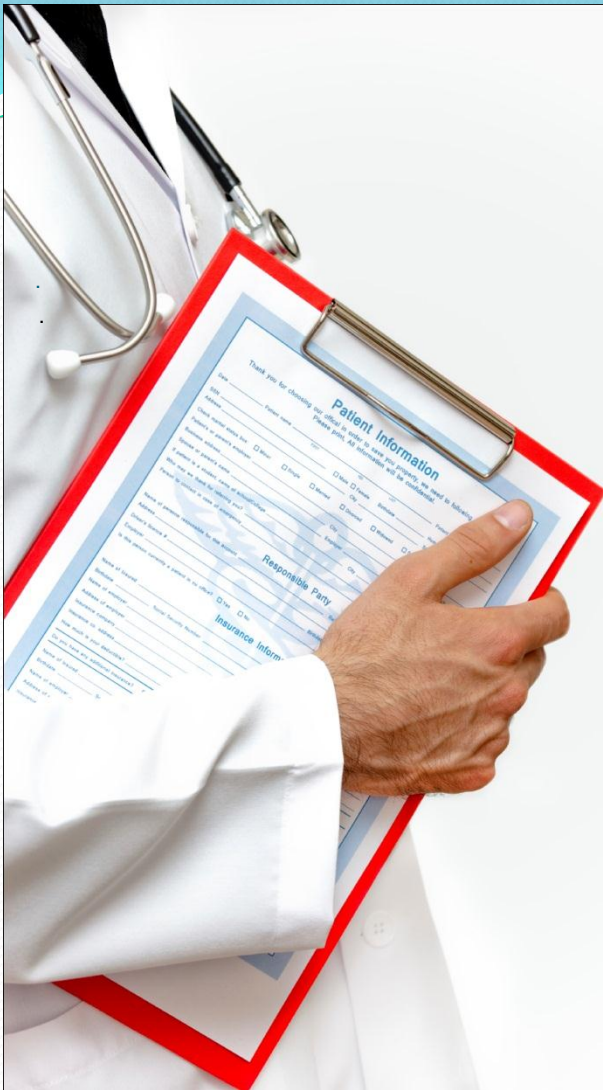
# Monthly Web Ex Training

- Overview of all new S&Cs
- Monthly topics specific to facility types
- This month's was cancelled
- Typically one hour or less
- Send comments or suggestions to [MTSSAD@mt.gov](mailto:MTSSAD@mt.gov)

# **PARTNERSHIP FOR PATIENTS**

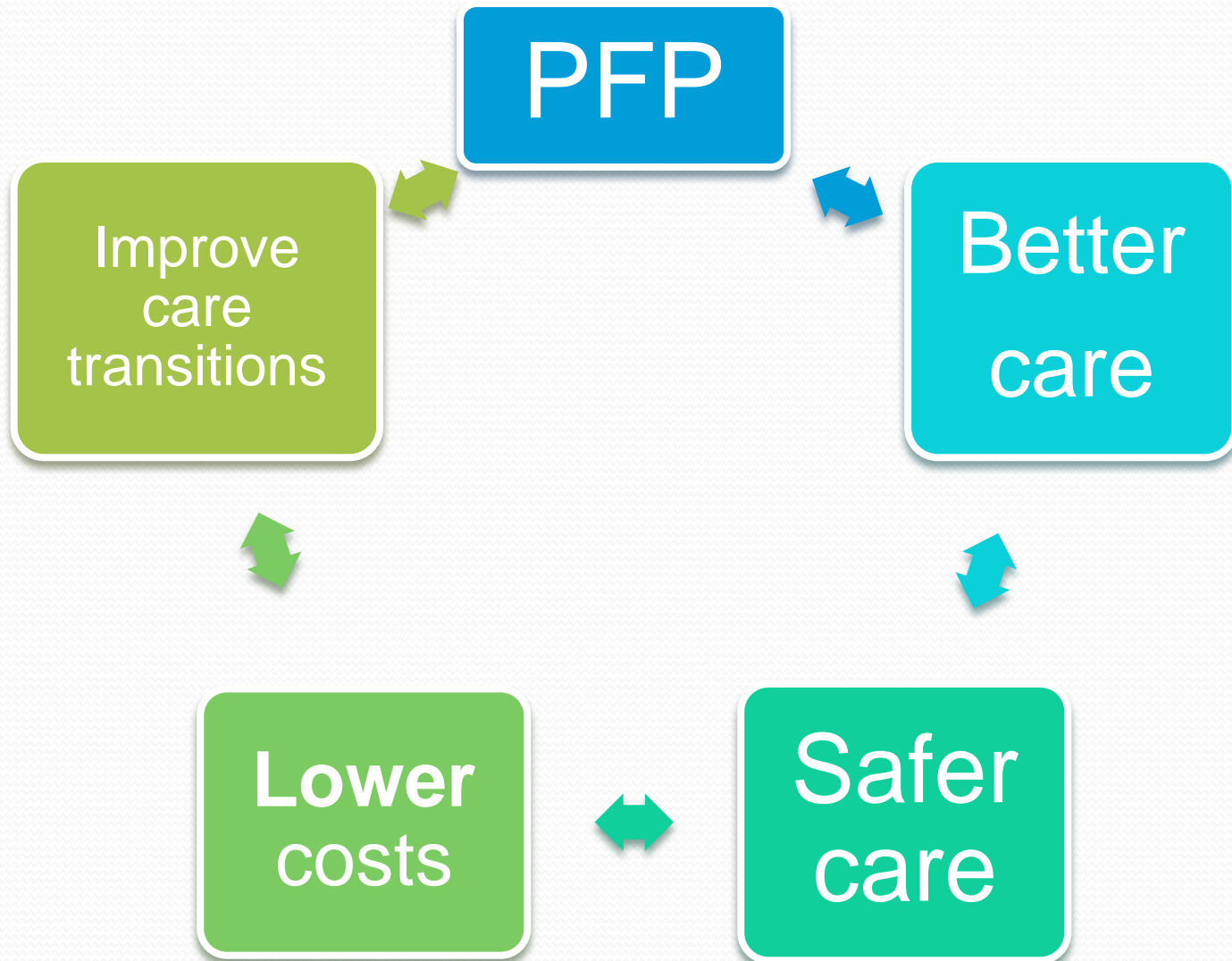
- **CMS New Protocols**
- **There were three new tools (forms) created by CMS to better streamline the survey process.**
- **These tools have been available on line since spring of 2012.**
- **The final tools will be released 2013.**
- **There were three hospitals selected by RO for the use of the tools.**





- **Why now are these tools being developed?**
- **The new related Health Reform Law mandate,**
- **PSQIA Public Law 109-41, 729-05**
- **Implementing regulations adopted 11/28/08**

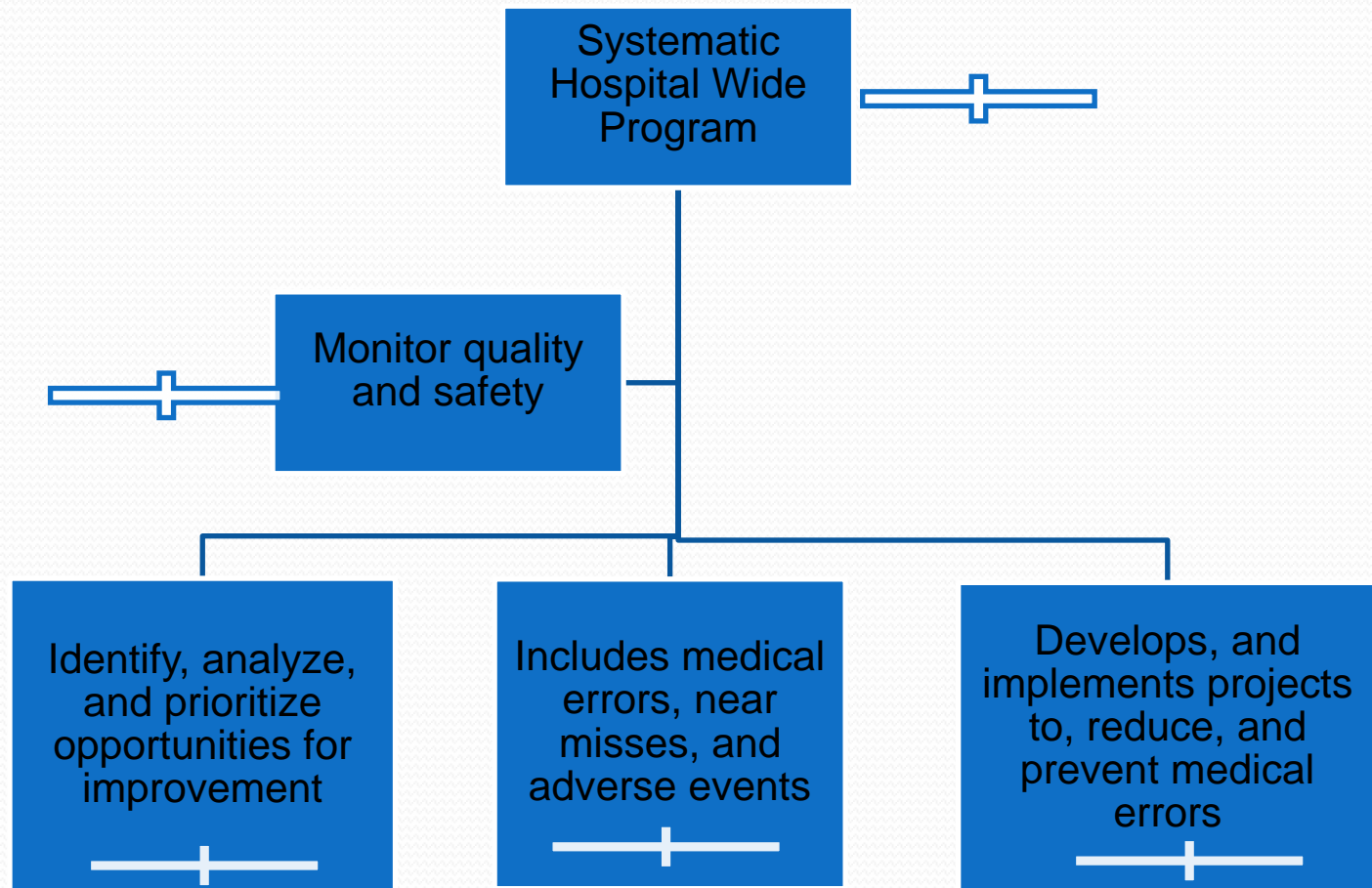
# THE GOALS OF THE NEW TOOLS



# **QAPI MUST SATISFY THE FOLLOWING REGULATORY CRITERIA**

- **Ongoing**
- **Effective**
- **Hospital wide**
- **Data driven**
- **Reflects hospital's complexity**
- **Involve the governing body**

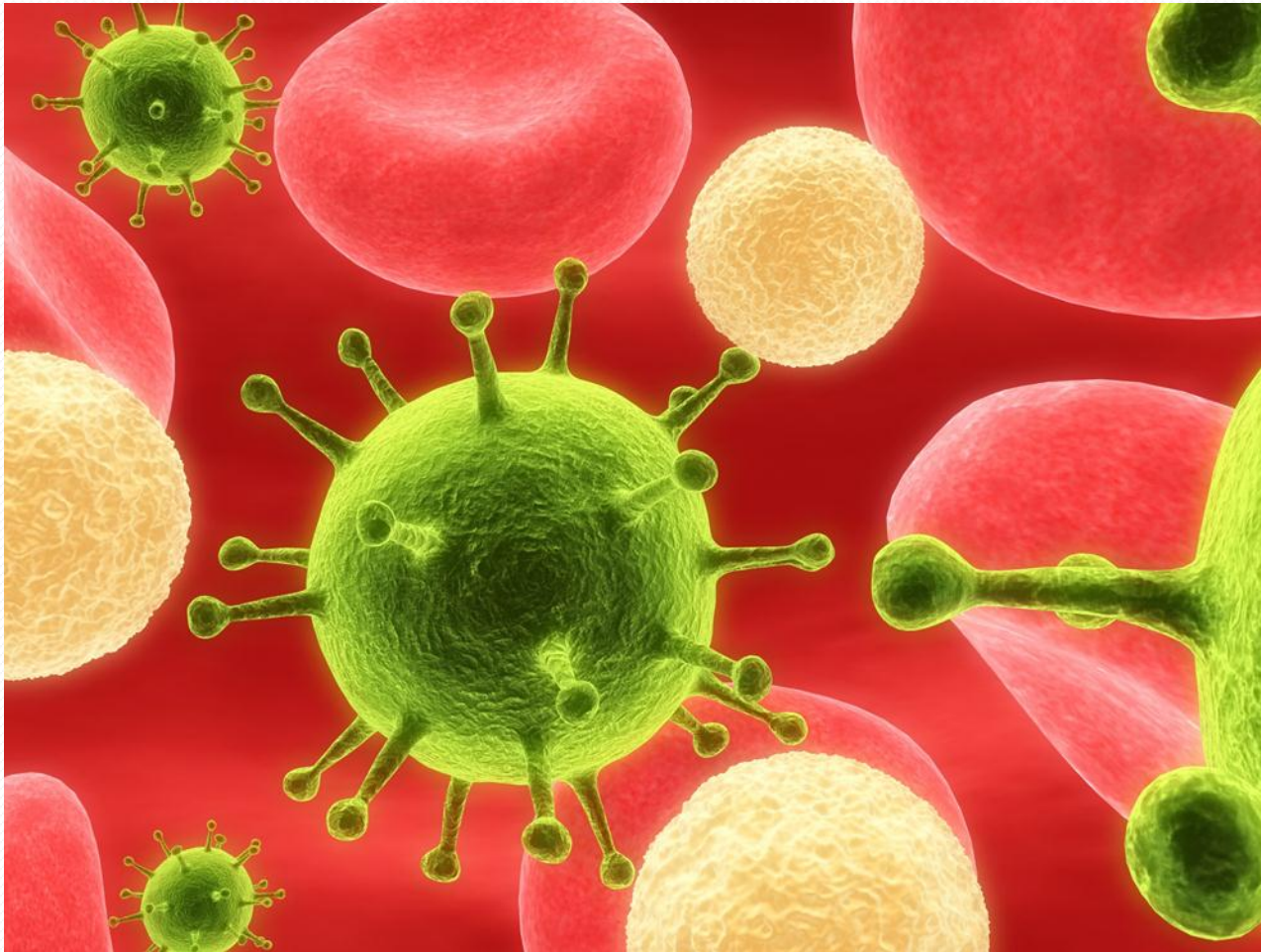
# QAPI TOOLS





**CMS regulatory tags  
were condensed from  
34 tags to 8 tags.**

# INFECTION CONTROL (IC)



# CMS REQUIRED REPORTING

CLABSI (2011)

CAUTI (2012)

SSI (2012)

MRSA (2013)

CDIFF (2013)

HCW INFLUENZA VACCINATION (2013)

# CMS REQUIRED REPORTING

- CLABSI (2011)
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- CDI (2013)
- HCW INFLUENZA VACCINATION (2013)

# **PARTNERSHIP FOR PATIENTS**

## **GOALS FOR 2013**

- **Achieve a 40% reduction in preventable hospital acquired infections**
- **Achieve a 20% reduction in avoidable readmissions**
- **Create a tool that will promote HAI prevention and patient safety in hospitals**
- **Ensure that the tool is patient focused**

# 5 MODULES OF THE INFECTION CONTROL TOOL

IC and  
Prevention

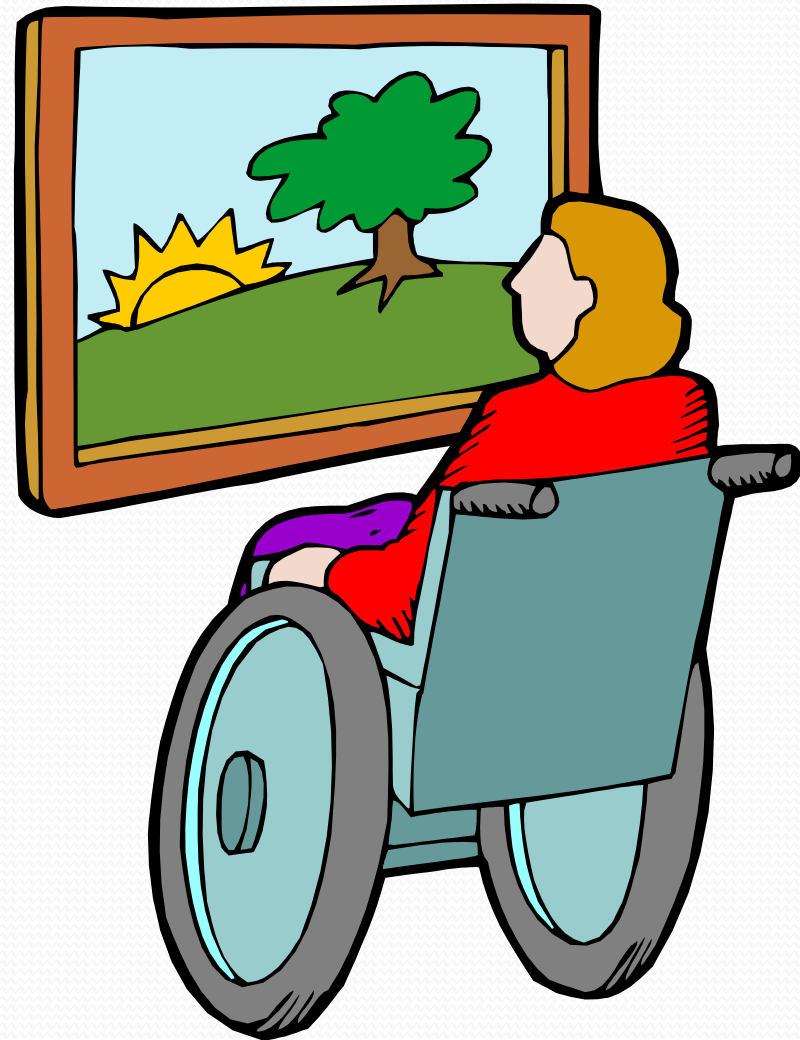
IC Elements

Equipment  
Reprocessing

Patient  
Tracers

Special Care  
Environments

**OBSERVATION  
IS THE KEY  
TO THIS TOOL**



# DISCHARGE PLANNING



# **PREVENTABLE READMISSIONS AND DISCHARGE PLANNING**

**Health and Human Services initiative  
launched April 12, 2011**

- **Established Goals for 2013:**
  - 1. Keep hospital patients from getting injured or sicker-reduce HAC by 40%;**
  - 2. Help patients heal without complications;**
  - 3. Reduce re-admissions by 20%.**

# DISCHARGE PLANNING TOOL

- Consider the discharge planning from admission to discharge
- Update and re-assess continually
- Employ multiple interventions to aim for safe discharges
- Increase surveillance and enforcement by observations
- Remember the GOAL- reduce preventable readmissions.

# 12 WAYS TO REDUCE HOSPITAL READMISSIONS

- Discharge summaries
- Lengthen the hand over process
- Provide medication at discharge
- Make a follow-up plans before discharge
- Use tele-health providers
- Identify frequent flyers
- Understand what is happening after discharge
- Provide home care on wheels
- Consider physician(pharmacist) medication reconciliation
- Ensure patients understand the plan
- Focus on highest-risk patients
- Listen to the patients!

# DISCHARGE PLANNING

- Have an effective discharge planning process
- Identify the patient's needs early in hospitalization
- Reassess the discharge plan when needed
- Talk with the family or representative of the patient
- Document that a list extended care services in the community was provided to the patient



# RESULTS OF USING THE TOOLS

- The discharge planning tool encouraged observations and interviews of staff, patients and family. Reviewing of policies and procedures was secondary.
- Hospital that was surveyed had issues identified with discharge planning.
- The longest tool was the Infection Control tool which required observations of many parts of the hospital. Interviews with doctors, nurses, other staff, and patients were a priority.
- Policy and Procedures were secondary.
- Hospital surveyed with this tool had issues identified with the infection control program.

# RESULTS FOR QAPI

- This tool focused on the QAPI program. The QAPI program in any hospital should be hospital wide, data driven, and have on going monitoring.
- CMS encourages facilities to look at other areas of QAPI indicators, tracers or projects than just the Core standards put in place by an accrediting body.
- Staff involvement is a key to QAPI
- Training is a key to QAPI
- The hospital surveyed did not have citations in this area.



**[www.pfp.scg@cms.hhs.gov](mailto:www.pfp.scg@cms.hhs.gov)**

**Surveyors:**

**Jolynn McDermott      431-9846**

**Judy Erb                      437-4671**

# HOSPICE CARE



PRESENTED BY:

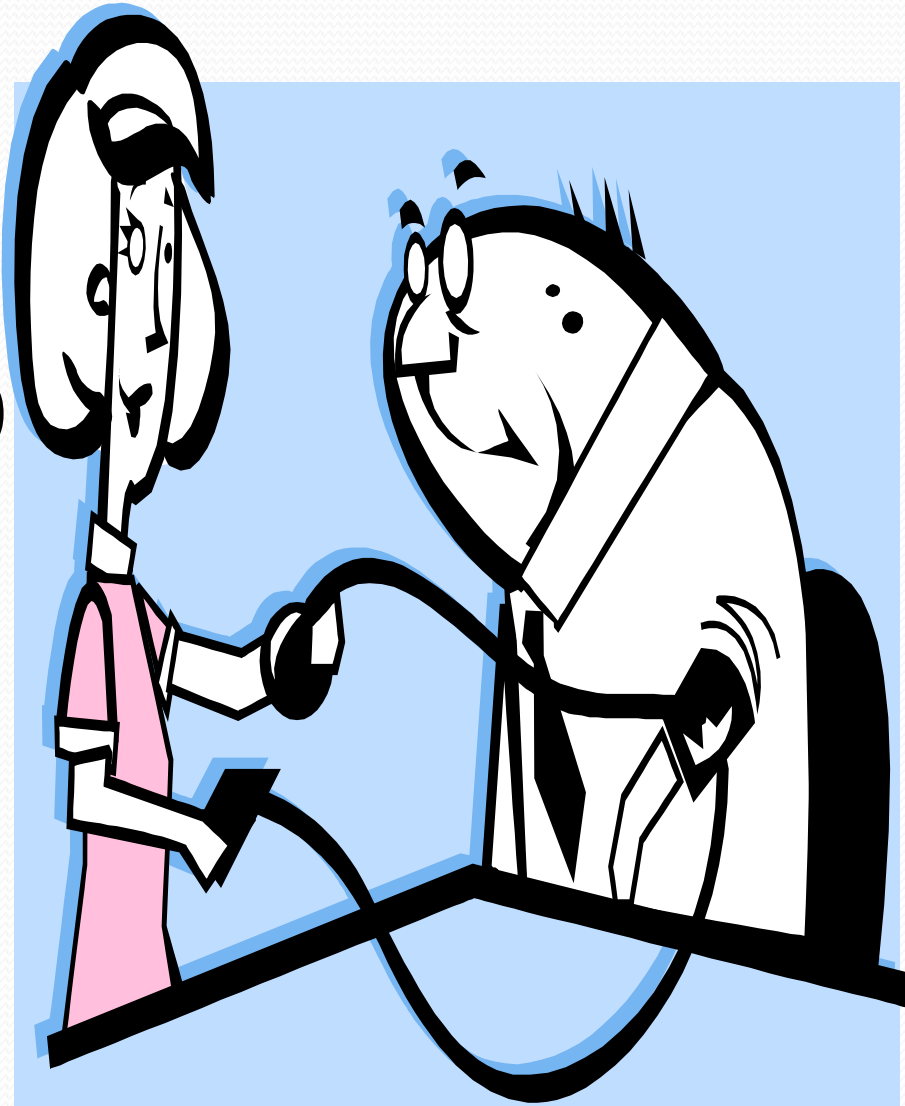
**Ronda J Ward**

In 1982, Congress created the Medicare **hospice benefit**, reserving such services for terminally ill Medicare beneficiaries with life expectancies of six months or less “if the disease runs its normal course.” Effective with the enactment of the Balanced Budget Act of 1997, the Medicare hospice benefit was divided into the following benefit periods:

1. An initial 90-day period;
2. A subsequent 90-day period; and
3. An unlimited number of subsequent 60-day benefit periods as long as the patient continues to meet program eligibility requirements.

**From 1984 to January 2010,  
the total number of hospices  
participating in Medicare  
rose from 31 to over 5000  
programs in the U.S. (NHPCO)**

**Nursing home residents  
receiving hospice care rose  
from 14% in 1999 to 33.1% in  
2006. (NHPCO)**





# **STATE OPERATIONS MANUAL**

## **Appendix M** **Hospice regulations**

# **Hospice Regulations:**

**---Conditions of Participation which pertains to patients residing in a long term care facility.**

**L704- 418.108 COP: Short-term inpatient care.**

**L705 - L718**

**L705-Inpatient care for pain control, symptom management, respite purposes in a Medicare Medicaid facility.**

**L707- Must be a Medicare certified hospital or skilled nursing facility which meets the standards regarding 24 hour nursing services and patient areas.**

**L708, L709 -respite services in a facility participating as a Medicare Medicaid facility.**

**L710 -Facility must provide 24 hour nursing, meeting the needs of all patients and in accordance to each patient's plan of care and must be kept clean, comfortable, well-groomed and protected from accident, injury and infection.**

**L711-care provided under arrangements.**

**L712-care provider establishes patient care plan policies consistent with the hospice and agrees to abide by the palliative care protocols and POC established for the patient per the hospice.**


**L713- pertains to the clinical record content**

**L714-Inpatient unit identifies an individual responsible for implementing the provisions of the agreement.**

**L715-hospice maintains responsibility of ensuring the training of personnel providing the patient's care .**

**L716- way to verify information of agreement, and training**

**L759 418.112 CoP: Hospices that provide hospice care to residents of a SNF/NF or ICF/ID (facility)**

**L760 In addition to meeting CoP at 418.10 through 418.116, a hospice providing hospice  cares at a facility must abide by the following standards.**

**L761-Resident must meet MEDICARE hospice eligibility criteria**

**L762**-Hospice assumes responsibility for professional management of the hospice services provided in accordance with the CoPs and the plan of care

**L763**-Have a written agreement with the facility that specifies provision of hospice services in the facility

**L764**-Written agreement includes: How communication by both parties will be carried out and documentation of that communication ensuring needs of the patient are met 24/7

**L765**-Provision that SNF/NF notifies hospice immediately;

**- significant change, clinical complications, or need to transfer the patient from the facility**

**L766**-Provision stating hospice assumes responsibility for determining the appropriate course of hospice care, including determination to change level of services provided

**L767**-agreement the SNF/NF is responsible to; **-furnish 24 hour room and board, to meet the personal and nursing needs of the patient**

**L768**-agreement that hospice responsible to provide services to the patient at the same or higher level than would be provided if at home

**L769**-A delineation of hospice responsibilities which include but not limited to: **provide medical direction and management of the patient, nursing, counseling, (spiritual, dietary, and bereavement), social work, provision of medical supplies**



**770- hospice may use facility nursing staff where permitted by state law and as specified by facility to assist in administration of therapies included in the plan of care**

**771- hospice to report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, misappropriation of patient property by anyone unrelated to the hospice to the SNF/NF or ICF/ID administrator within 24 hours of becoming aware of alleged violation**

**L772-** A delineation of responsibilities of both parties to provide bereavement services for staff.  
**Hospice may offer bereavement services for LTC staff.**

**L773-**Hospice plan of care must be written, established and maintained in consultation with facility representatives. All hospice care provided must be in the plan of care.

**L774-hospice plan of care identifies cares and services needed and which entity agreed upon by both parties will be responsible for performing each function.**

**L775-hospice plan of care reflects participation of hospice, facility, patient and family to extent possible**

**L776-changes to plan of care must be discussed with patient or rep., facility rep. and approved by hospice before implementing**

**L777-Coordination of services by designating a member of IDG responsible for a patient in a facility. They are responsible for:**

**778- overall coordination of hospice care with SNF/NF or ICF/MR reps.**

**779- communication with facility rep., other health care providers participating in care for the terminal illness, and other conditions to ensure quality of life for patient and family.**

**L780-ensures hospice IDG communicates with the facilities medical director, the patient's physician and other physicians participating in the patient's plan of care as needed to coordinate hospice care with medical care provided.**

**L781-hospice provides the facility with:**

**\_\_\_most recent care plan**

**\_\_\_hospice election form**

**\_\_\_physician certification and recert. of the terminal illness**

**\_\_\_ medication information**

**L782-** orientation and training of staff in the hospice philosophy on pain control, symptom management, principals of dying patient specific cares.

**L783** 418.114 CoP: **Personnel qualifications**

**L784-** all professionals furnishing services must be legally authorized per Fed., state and local laws, must act only within the scope of their state license, cert. or registration.

**The authorization (license, certification, or registration.**

**L785-L 794- personnel qualifications for certain disciplines.**

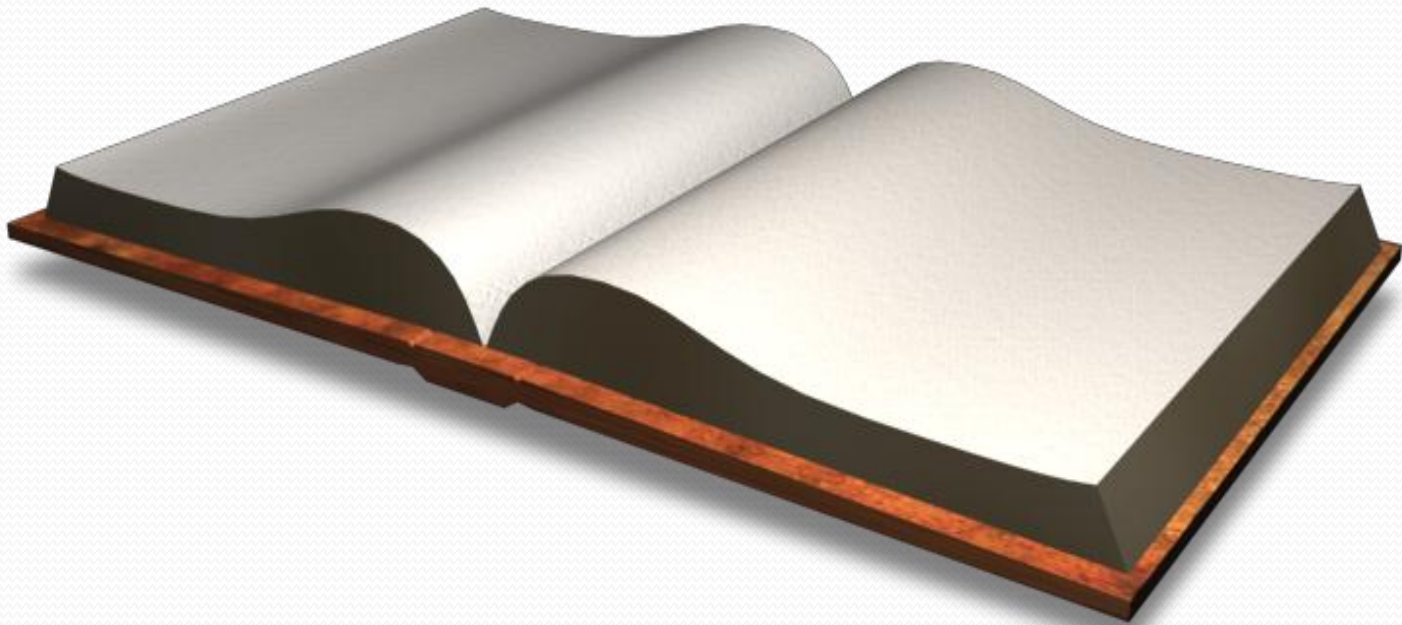
**L795-L796 obtain criminal background checks on all hospice staff with direct contact, in accordance with the state requirements.**

**L797 compliance with Fed., State, and local laws and regulations related to the health and safety of the patient.**

**L798-hospice and staff must operate and furnish services in compliance with all applicable Fed., State, and local laws and regulations related to the health and safety of the patients. If State or local law provides for licensing of hospices, the hospice must be licensed.**



# **QUESTIONS on the Hospice regulations?**



## **Review:**

- Hospice maintains professional management of hospice services of the plan of care for the terminal illness while the resident resides in the LTC.**
- Hospice core services must be provided by the hospice (physician, nursing, social services, counseling)**
- Hospice provides all medications, supplies and DME for the palliative and management of the terminal illness.**
- Hospice” supplements” not replaces CNA services which are provided by the facility.**
- Basic care is still provided by LTC under the regulations for LTC.**
- LTC and Hospice need to coordinate plan of care reflecting the hospice philosophy.**
- The hospice patient must continue to show evidence of progressive decline. (appropriate certification and recertification documented)**

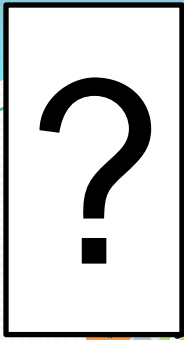


**So...**

**What should a hospice  
patient,  
residing in a LTC  
have available to them?**

**As a care giver, what are  
you doing to safeguard your  
residents' best interests?**





? Questions



# TOP TEN LSC TAGS

| TAG   | CITATION                      | MT RANK | REGION VIII RANK | NATIONAL RANK |
|-------|-------------------------------|---------|------------------|---------------|
| K0147 | Electrical Wiring & Equipment | 1       | 1                | 1             |
| K0046 | Emergency Lighting            | 2       | 4                | 8             |
| K0018 | Corridor Doors                | 3       | 3                | 3             |
| K0064 | Portable Fire Extinguisher    | 4       | 15               | 13            |
| K0012 | Construction Type             | 5       | 7                | 10            |
| K0038 | Exit Access                   | 6       | 5                | 6             |
| K0029 | Hazardous Areas – Separation  | 7       | 2                | 2             |
| K0076 | Medical Gas                   | 8       | 18               | 17            |
| K0062 | Sprinkler System Maintenance  | 9       | 6                | 4             |
| K0074 | Combustible Curtains          | 10      | 23               | 25            |





Not  
Store anything  
Inside Tape Lines  
Plant Maint...





GSC300



ENGINE PARAMETERS

■ ■ TO  
000135.1

ENGINE STATUS / HOURS



- LOW OIL PRESSURE
- HIGH WATER TEMP
- OVERCRANK
- OVERSPEED
- ENGINE RUNNING
- LOW ENGINE BATTERY
- PREHEAT/ETS
- NOT IN AUTO (STARTING DISABLED)







Kimberly-Clark

55084 10

1



VS-14

14" CLEAR DEEP PLANT LINER  
PO# 100 100











**WARNING**  
**HIGH VOLTAGE**  
DO NOT REMOVE THE  
COVER WHILE ELECTRICAL  
POWER IS TURNED ON

**IMPORTANT**  
FOR PROPER OPERATION OF THIS  
COMPUTER THE DRYER  
A SEPARATE UNIT

EXIT









PLEASE

**DO NOT OPEN**

**WHEN COLD AND/OR WINDY**

Do Not Open  
Mon-Fri 0500-1200

FIRE

PULL D



Simplex

Simplex





**FIRE DOOR  
KEEP CLOSED**

























*LIFE SAFETY CODE  
MAINTENANCE MANUAL*

*FOR*

*CERTIFIED HEALTH CARE  
FACILITIES  
IN MONTANA*

*OCTOBER 2011*

Prepared by the



Quality Assurance Division Certification Bureau

# **Maintenance Manual for Certified Health Care Facilities in Montana**

# CMS WAIVERS

- **Standard Waiver** (Continuing) – granted where it is impractical to change existing construction (unreasonable hardship cases).
  - Facility must specify both:
    - Unreasonable hardship
    - Justification (explanation of hardship and verification that the waiver have no adverse health or safety impact).

# CMS WAIVERS (cont'd)

- **Time limited waivers** may be granted for periods deemed appropriate, and must specify:
    - Length of waiver period,
    - Justification for the extended period of time,
    - Temporary, interim fire safety measures while the waiver is in effect,
    - Construction milestones,
    - Prescribed/directed actions to be taken.
- granted when an extension of time is required to correct deficiencies mandated under enforcement.

# CMS WAIVERS (cont'd)

- **Certification Bureau** has ability to issue Time Limited Waivers for long term care facilities – maximum time is 6 months from day of exit
- **All other facility types must request** Time Limited Waivers or Standard Waivers thru the Certification Bureau with final approval by CMS Regional Office.

# **OCCUPATIONAL CLASSIFICATION UPDATE FOR HOSPITALS**

- **Survey & Certification Letter (S&C)-11-05-LSC**
  - **Issued December 17, 2010 Revised 2-18-2011**
  - **Addresses Doctor's Offices, Clinics, Physical Therapy Areas, etc.**
  - **Provider number is used at clinic or doctor's office then life safety code survey will be conducted**
  - **Even if the facility is leasing space the facility must comply**

# **OCCUPATIONAL CLASSIFICATION UPDATE FOR HOSPITALS (continued)**

- **Frequent Issues We Have Cited in Business Occupancies:**
  - Life Safety Components if present and visible to the public must be maintained – (e.g. sprinkler heads, smoke detectors, fire alarms, etc.
  - Fire Extinguishers must be present, maintained, and not blocked
  - Exiting signage must be present and maintained
  - Corridors and hard path surfaces must be maintained or in existence
  - Storage of medical records must be sprinklered – considered hazardous area
  - Electrical issues such as use of power taps that are not rated with a breaker or “daisy chained”
  - Is a sleep lab considered a health care facility or a business occupancy? – See Definitions

# **CMS OVERSIGHT OF STATE AGENCIES**

**Comparative – federal surveyor or contractor surveyor goes onsite after we exit usually within 60 days. Federal Observation/Support Survey (FOSS) – CMS accompanies us on survey**

**FFY 2008: 5 COMPARATIVES**

**FFY 2009: 3 COMPARATIVES**

**FFY 2010: 5 COMPARATIVES**

**FFY 2011: 3 COMPARATIVES**

**FFY 2012: 4 COMPARATIVES**

**CMS does have an IDR Process for Comparatives:**

**CONTACT THE BUREAU IF YOU HAVE A CONCERN ABOUT  
WHAT CONTRACTOR WROTE IN THE FACILITY.**

# **CMS OVERSIGHT OF STATE AGENCIES**

- **Notifying Montana DPHHS when under fire watch**
  - **Non functioning sprinkler system and/or alarm system**
  - **List number 406-444-4170 in fire watch policy**
- **Remote Annunciators on Generators**
  - **Generator used for one and one-half hour of emergency lighting – must have a remote annunciator**
- **Kitchen Hood Cleaning**
  - **To be cleaned twice yearly**
- **Testing of sprinkler systems by fire suppression contractors**
  - **Using the wrong type of orifice for flow testing**

# **CMS OVERSIGHT OF STATE AGENCIES**

## **Second Lock Installed During Remodel**

**Resident Room had a dead bolt on door on room where area was used during remodel for storage of items.**

## **Area open to corridor**

**PT area was open to corridor with opening above the door – no smoke detector in room – modification to facility**

## **Generator Testing**

**Failure to document weekly visual inspection**

## **Areas of refuge**

**Sidewalks that do not continue to the public way from an area of refuge such as a courtyard**



**Questions?**

# THANKS AGAIN FOR COMING!



(and staying)

We hope you enjoy the  
rest of the conference.



# ENJOY YOUR STAY IN BILLINGS!

